

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. Indep. Sanitarium)

Registration District No. 998
Primary Registration District No. 5554

File No. 32955
Registered No. 318
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1828 Norton St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Mills
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1842
7. AGE YEARS 90 MONTHS 11 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Wellboughby (STATE OR COUNTRY) Ohio

13. NAME Cornelius Mills

14. BIRTHPLACE (CITY OR TOWN) Toronto (STATE OR COUNTRY) Canada

15. MAIDEN NAME Nancy A Barry

16. BIRTHPLACE (CITY OR TOWN) Toronto (STATE OR COUNTRY) Canada

17. INFORMANT William Mills (ADDRESS) Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Oct 5 1933

19. UNDERTAKER O. H. Mitchell (ADDRESS) Independence Mo

20. FILED Oct 5 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1933, to 10-3, 1933

I last saw him alive on 10-3, 1933. Death is said

to have occurred on the date stated above, at 4:05 P. m.

The principal cause of death and related causes of importance were as follow

Epidemic keratoconjunctivitis

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Russell B. Lyndon, M. D.

(Address) Independence, Mo.

RESERVED FOR THE PLUMBER'S MARKING INK---THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

